

<b>Case Number:</b>	CM14-0044995		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported injury on 11/26/2009 caused by an unspecified mechanism. The injured worker's treatment history included medications, urine drug screen, and polysomnogram. Injured worker was evaluated on 12/31/2013, and was documented the injured worker had lower back pain. The provider noted her activity level had increased and the medications were working well. No side effects reported. Objective findings cervical spine range of motion was restricted with flexion limited to 40 degrees, extension limited to 20 degrees and limited by pain. Tenderness was noted at the paracervical muscles. Physical examination of lumbar spine revealed loss of normal lordosis with straining of the lumbar spine. Range of motion was restricted with flexion limited to 30 degrees, extension limited to 10 degrees and limited by pain. On palpation, paravertebral muscle, spasm tenderness and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raising test was negative. Tenderness noted over the sacroiliac spine. Within the documentation, the provider noted injured worker reported medications are effective at decreasing pain score from 7+/10 to 5/10 with a continuing usage of Lidoderm patches. Medications included Lidoderm 5% patch, Zanaflex 2 mg, and Norco 10/325 mg. Diagnoses included lumbar radiculopathy, spinal/lumbar DDD, and low back pain. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidoderm 5% patch #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical; Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm (lidocaine patch 5%) #30 with one refill is not medically necessary.